



Role of Panchakarma in Amavata W. S. R. Systemic Lupus Erythmatosus: A Case Study

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Abstract:

SLE an autoimmune disorder where multisystem is involved. Its management is done by analgesics and corticosteroids. Drug resistance, increasing doses of hepatotoxic drugs and immunosuppressants steroids are hazards of the management. Here the patient suffering from SLE was unable to do her day today work. Panchakarma treatment is found very effective in this case to improve her quality of life and to live with her own.

Key Words: SLE, Panchakarma, corticosteroids, immunosuppressants

Introduction:

Kyachikitsa is mainly based on agnichikitsa. We state that the mandagni which further produces ama, is the main cause of all diseases. The manifestation of the disease depends on doshaprakopawastha and khavaigunya. Amavata is one among such diseases. The case discussed here is mainly treated on

the basic chikitsa sutra and effective response is seen.

A Case Report:

A 32 year female married came to our outpatient department with C/O pain in multiple joints since 9 years

Associated C/O lowback pain, discoloration of skin over face, reduced menstrual flow during periods, loss of energy, loss of appetite.

Past history K/C/O systemic lupus erythmatosus since 9 years

H/O Present illness: pt was absolutely normal till 1997. One day morning she had sudden body stiffness with fever, pain all over body. She took treatment for it got some relief.

The disease aggravated in June 2004 when pathological investigations revealed RA+ve with elevated serum creatinine 5.8mg/dl. Later in October 2004 she had multiple joint pain with tenderness all over the body. Erythematous scaly patches

developed on both sides of cheeks. Her HB levels 6.4 mg, Pletlet values were normal. Further in March 2005 she had c/o giddiness, unconsciousness with high esr 65mm/hr. She was unable to speak due to throat problem. She took treatment for relief .But the disease flared up after again after 2 months with urinary infection .Urine Pus cells +++,RBC++ ALnumin+ Sugar+Increased turbidity and with serum creatinine level. ANA +ve with 1:40 found. The symptoms were on and off with elevated ESR . The Anti DS DNA +ve 1:80. Urine remains infected and nutrophilia is formed.

April 2004 she had some subsided symptoms with normal levels of creatinine, urine infection. Her HB 10.4.ESR 50mm/hr.up to December 2004 she had silent period with bacterial urine infection. Shifting pain in both hands ,rash over feet ,pain in both knee,tingling sensation in hands, feeling of deviation of mouth, gingivitis with ulcers inside mouth were developed in February 2014.

Diagnosis: On the basis of hetu, pradhana doshaj lakshana and doshsdushya samurchana patient is diagnosed as Kaphapradhana Amavata. Presnting symptoms of jwara,staimitya,saruja hasta pada trik janu uru sandhi shotha and utsaha hani.

SLE: The cause of SLE is incompletely understood but genetic factors play an important role.

Symptoms such as fever, weight loss and mild lymphadenopathy may occur during flare of disease whereas fatigue, malaise and fibromylgia like symptoms can be constant and particularly associated with active inflammatory disease.

Revised American Rheumatism Association Criteria for SLE consist, Malar rash on nasolabial fold, Discoid rash erthmatous raised patches, photosensitivity, oral ulcers, arthritis, serositis, renal disorder, ANS disorder, haematological disorder i.e. . Haemolytic anemia ,neurological disorder.

Management is control of symptoms and prevent organ damage .Analgesics and corticosteroids are used from an immunological point. The charecteristics feature of SLE is autoantibody production. These autoantibodies have specificity for wide range targets but many are directed against antigen present within the cells or within the nucleus.

This has lead to the hypothesis that SLE may occur because of defects in apoptotsis or in the clearance of apoptic cells which causes inapporiatate exposure of intracellular antigens on the cell surface leading polyclonal B and T cells activation and autoantibody production.

Flareup cases due to UV rays and infections increases oxidative stress and

cause cell damage- tissue damage- vasculitis – organ damage.

Amavata samprapti according to ayurveda:

Hetu	Mandagni
Samprapti	Vitiated kapha and vata leading to gatra stabhata, vata along with ama is taken to the kapha sthana all over the body causing gaurav, daurbalya, strotoabhishndya.
Purvarupa	Jwara, stiffness all over the joints .
Rupa	All over body joint pain like scorpion bite and swelling excess watery mouth and urination , general debility and tastelessness of mouth.
Updrava	Hrudrog, bhrama, trushna, antrakujan.
Chikitsa	Laghan, swedan, tiktadravya, depan, katuras, virechan, snehapana, basti.

Therapeutic intervention: while treating with shodhana therapies consideration of bahudoshavastha is important ,which is

treated by dosha avasechana The management of amavata planned as below:

Depan pachana	Ajmodadichoorna 3gm BD,Chitrakadi vati 1 TDS with Warm water for 4 days
Swedana	Valuka sweda, Nadi sweda
Snehapana	Guggulu tiktaka ghrita for 4 Days in increasing order till samyak snigdha lakshana obtained
Shodhana	Vamana with Madanphla,vacha ,saindhav Yoga
Samsrjana karma	2 annakala for 5 days
Nitya virechana	Eranada sneha 25 ml once in a week
Raktamokshana	Siravedha with Needleno. 22 for about 30-40 ml blood extracted
Shamanaushadhi	Guduchi Ghana vati 2 TDS,Yashtimadhu choorna and tankana bhasma pratisrana over gums with honey,Laghumalini vasant rasa 1 TDS honey,Simhand guggulu 2TDS,Gandharva haritaki choorna3 gm HS,Navayas lauha 2 BD given to prevent relapse of disease.
Pathyapathya	Dadhi,divaswapna,guru,snigdha aahar,vishamashna, adhyashana is advised to be avoided. Koshna jalapan, Laghu ushna aahara sevana is advised.

Response to treatment:

Patient responded well to the treatment. Symptoms like severe pain, restricted movements of joints, heaviness in body, general debility were reduced gradually. Occasionally patient had attacks of mild pain in joints.

Discussion:

A case of middle age woman presenting with the symptoms discussed earlier was planned according to her satva, dosha, kala, bala etc. The bahudosha avastha found so that Panchakarma therapy is advised. The nature and the prognosis is told to the patient. Diagnosis is done as kaphapradhana amavata. Vamana is for amashayajanya vyadhi also one among laghana and amavata is also amashya samudbhava vyadhi, hence vamana is advised. As satva and bala was found uttam it is well tolerated by the patient. Patient got relief in symptoms like praseka, and gaurav after vamana procedure. For the remaining dhoshas after samsarjana karma sadyovirechana done with eranda sneha which is one of the best medicines told for amavata. Siravedha for the elimination of sarvadeha prasuta dosha is performed. The severity of pain is markedly reduced after siravedha. Shamana aushadhi advised for further management.

Conclusion:

Panchakarma therapy found effective in this case, Patient is able to do

her day today work by herself. There is reduction in dosage and frequency of analgesics drugs after shodhana karma. Thus the quality of life is improved. Further study on large scale can be evaluated.

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